



VOLUNTEER APPLICATION



Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Occupation: _____ Employer: _____
Educational Background: _____
Days/Times Available: _____

What prompted you to seek volunteer work at the California School for the Blind?
Do you have any particular interests, talents, hobbies or skills?
What do you hope to gain from your volunteer work?
List all volunteer experience (write on back if more space is needed)

Personal References. Please list three personal references we may contact.

	Name	Address	Phone	Position
1				
2				
3				

Person to notify in case of an emergency.

Name	Address	Phone	Relationship

Doctor/Hospital

Name	Address	Phone

Signature _____

Date _____